

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DR	65114	3/26/91
O.I.P.E. CLASSIFIER		20	3/27
FORMALITY REVIEW	X	02/14	4-27-92

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/12/90
2	✓	✓	11/12/90
3	✓	✓	11/12/90
4	✓	✓	11/12/90
5	✓	✓	11/12/90
6	✓	✓	11/12/90
7	✓	✓	11/12/90
8	✓	✓	11/12/90
9	✓	✓	11/12/90
10	✓	✓	11/12/90
11	✓	✓	11/12/90
12	✓	✓	11/12/90
13	✓	✓	11/12/90
14	✓	✓	11/12/90
15	✓	✓	11/12/90
16	✓	✓	11/12/90
17	✓	✓	11/12/90
18	✓	✓	11/12/90
19	✓	✓	11/12/90
20	✓	✓	11/12/90
21	✓	✓	11/12/90
22	✓	✓	11/12/90
23	✓	✓	11/12/90
24	✓	✓	11/12/90
25	✓	✓	11/12/90
26	✓	✓	11/12/90
27	✓	✓	11/12/90
28	✓	✓	11/12/90
29	✓	✓	11/12/90
30	✓	✓	11/12/90
31	✓	✓	11/12/90
32	✓	✓	11/12/90
33	✓	✓	11/12/90
34	✓	✓	11/12/90
35	✓	✓	11/12/90
36	✓	✓	11/12/90
37	✓	✓	11/12/90
38	✓	✓	11/12/90
39	✓	✓	11/12/90
40	✓	✓	11/12/90
41	✓	✓	11/12/90
42	✓	✓	11/12/90
43	✓	✓	11/12/90
44	✓	✓	11/12/90
45	✓	✓	11/12/90
46			
47			
48			
49			
50			

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

3<sup>rd</sup> AVAILABLE COPY